



EDUCATION SUMMIT SEPT 27-29

THE LINQ HOTEL | LAS VEGAS



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Name	Nickname for badge
Title	Organization
Address	City/State/Province/ZIP+4
Telephone	Email
ROUNDTABLE TOPICS Suggest your top three topics for discussion. R	Coundtables for Marketing, Sales and Operations.
HOTEL RESERVATIONS – THE LINQ HOTEL DMA West Education Summit & Vendor Showcase – Cut-off Date: September 6, 2017 September 26, 27, 28: \$119 plus \$20 resort fee and 12% tax September 29: \$189 plus \$20 resort fee and 12% tax Reservation Center: 1-866-523-2781 Group Name: Education Summit & Vendor Showcase Group Code: SQESV7 Online reservations link: https://aws.passkey.com/go/SQESV7 REGISTRATION POLICIES See online program for complete policy information. 1. Use a separate form for each registrant. If more forms are nee make photocopies. 2. Register online at www.dmawest.org. 3. Enclose a check, made payable to DMA West, or provide credit conformation, for the registration fee(s). 4. If, after registering, you find you will be unable to attend, pleat DMA West staff as soon as possible, since any refund must take consideration meal commitments. 5. We invite our vendors/sponsors to send marketing messages delegates as a preview of services, products and opportunities the DMA West Education Summit & Vendor Showcase. I accept receipt of these marketing messages. I know how important the vendors and sponsors are to the	Each additional registrant from a DMA West-member DMO [4210]\$250 Each registrant from a nonmember DMO* [4230]
of our events. I decline receipt of these marketing messages. Return your registration form and registration fee to the DMA office by September 19, 2017 . See cancellation policy in the Substitutions welcome.	
7. By registering for the DMA West Education Summit, you agree Registration/Attendance Policies.	e to the



REGISTRATION FEES

Membership in DMA West rests with the DMO and all member-DMO employees attend Association programs at the member rate. Please check item(s) that apply to your registration. Vendors/exhibitors – contact DMA West staff at info@dmawest.org for participation information.

PAYMENT OPTIONS Total Amount (all fees) \$ USD	Check Payable to DMA West	Check Number #	_	terCard 🗌 Visa	
Card Number			_ Exp. Date	VCode	
Card Billing Address					
Card City		State/Province	Zi	p	
Name on Card		Signature		-	